

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/722,000-Conf. #6530
Filing Date	November 25, 2003
First Named Inventor	Brian R. MURPHY
Title	PRODUCTION OF ATTENUATED RESPIRATORY SYNCYTIAL VIRUS...
Art Unit	1648
Examiner Name	Z. Lucas
Attorney Docket No.	1173-1049PUS5

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 33883

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or Individual Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>(RM Joyner)</i>	Date	<i>October 4, 2007</i>
Name	<i>Robert M. Joyner, Reg. No. 54,842</i>	Telephone	<i>301.594.6565</i>

Title and Company	Title: <i>Technology Licensing Specialist</i> THE GOVERNMENT OF THE UNITED STATES OF AMERICA, as represented by the Secretary, Department of Health and Human Services
-------------------	--

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 0 forms are submitted.